820 Payment Order/Remittance Advice

HIPAA/V4010X061A1/820: 820 Payment Order/Remittance Advice

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Notes:

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820 Payment Order/Remittance Advice

Functional Group=RA

This Draft Standard for Trial Use contains the format and establishes the data contents of the Payment Order/Remittance Advice Transaction Set (820) for use within the context of an Electronic Data Interchange (EDI) environment. The transaction set can be used to make a payment, send a remittance advice, or make a payment and send a remittance advice.This transaction set can be an order to a financial institution to make a payment to a payee. It can also be a remittance advice identifying the detail needed to perform cash application to the payee's accounts receivable system. The remittance advice can go directly from payer to payee, through a financial institution, or through a third party agent.

Not Defined:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
	ISA	Interchange Control Header	M	1			Required
	TA1	Interchange Acknowledgement	O	>1			Situational
	GS	Functional Group Header	M	1			Required

Heading:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
010	ST	820 Header	M	1			Required
020	BPR	Financial Information	M	1			Required
035	TRN	Reassociation Key	O	1		N1/035	Required
040	CUR	Non-US Dollars Currency	O	1		N1/040	Situational
050	REF	Premium Receivers Identification Key	O	>1			Situational
060	DTM	Process Date	O	1			Situational
060	DTM	Delivery Date	O	1			Situational
060	DTM	Coverage Period	O	1			Situational
LOOP ID - 1000A					**1**	**N1/070L**	
070	N1	Premium Receiver's Name	O	1		N1/070	Required
080	N2	Premium Receiver Additional Name	O	1			Situational
090	N3	Premium Receiver's Address	O	1			Situational
100	N4	Premium Receiver's City, State, Zip	O	1			Situational
LOOP ID - 1000B					**1**		
070	N1	Premium Payer's Name	O	1			Required
080	N2	Premium Payer Additional Name	O	1			Situational
090	N3	Premium Payer's Address	O	1			Situational
100	N4	Premium Payer's City, State, Zip	O	1			Situational
120	PER	Premium Payer's Administrative Contact	O	>1			Situational

Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
LOOP ID - 2000A					**1**	**N2/010L**	
010	ENT	Organization Summary Remittance	O	1		N2/010	Situational
LOOP ID - 2300A					**>1**	**N2/150L**	
150	RMR	Organization Summary Remittance Detail	O	1			Required
LOOP ID - 2310A					**1**	**N2/190L**	
190	IT1	Summary Line Item	O	1			Situational
LOOP ID - 2315A					**>1**		
204	SLN	Member Count	O	1			Situational
LOOP ID - 2320A					**>1**	**N2/210L**	
210	ADX	Organization Summary Remittance Level Adjustment	O	1			Situational
LOOP ID - 2000B					**>1**		
010	ENT	Individual Remittance	O	1			Situational
LOOP ID - 2100B					**>1**	**N2/020L**	
020	NM1	Individual Name	O	1		N2/020	Situational
LOOP ID - 2300B					**>1**	**N2/150L**	
150	RMR	Individual Premium Remittance Detail	O	1		N2/150	Situational
180	DTM	Individual Coverage Period	O	1			Situational
LOOP ID - 2320B					**>1**	**N2/210L**	
210	ADX	Individual Premium Adjustment	O	1		N2/210	Situational

Summary:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
010	SE	820 Trailer	M	1			Required

Not Defined:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
	GE	Functional Group Trailer	M	1			Required
	IEA	Interchange Control Trailer	M	1			Required

Notes:

1/035 The TRN segment is used to uniquely identify a payment order/remittance advice.

1/040 The CUR segment does not initiate a foreign exchange transaction.

1/070L This segment is used to relay the name and an identifier of the premium receiver or payer.

1/070 The N1 loop allows for name/address information for the payer and payee which would be utilized to address remittance(s) for delivery.

2/010L The ENT loop is for vendor or consumer third party consolidated payments.

2/010 ENT09 may contain the payee's accounts receivable customer number.

2/150L Loop RMR is for open items being referenced or for payment on account.

2/190L Loop IT1 within the RMR loop is the remittance line item detail loop.

2/210L	This ADX loop can only contain adjustment information for the immediately preceding RMR segment and affects the amount (RMR04) calculation. If this adjustment amount is not netted to the immediately preceding RMR, use the outer ADX loop (position 080).
2/020L	Allowing the NM1 segment to repeat in this area allows the paying entity within a payer and the paid entity within a payee to be identified (not the payer and payee).
2/020	This segment is used to relay the name and identifier of the individual for whom the premium payment is being submitted.
2/150L	Loop RMR is for open items being referenced or for payment on account.
2/150	1. Used to relay detailed remittance information related to an employee or member of a group plan. 2. For HIPAA Health Premium Payments this segment is REQUIRED.
2/210L	This ADX loop can only contain adjustment information for the immediately preceding RMR segment and affects the amount (RMR04) calculation. If this adjustment amount is not netted to the immediately preceding RMR, use the outer ADX loop (position 080).
2/210	1. This segment is used to relay an adjustment made at an individual remittance detail level of a payment. 2. This segment is REQUIRED when the paid amount is different from any invoiced amount. The ADX segment must be used as necessary to fulfill the balancing requirements.

ISA Interchange Control Header

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 16

User Option (Usage): Required

To start and identify an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ISA01	I01	**Authorization Information Qualifier** **Description:** Code to identify the type of information in the Authorization Information **Health Care Industry:** *CA-DHS: 00 – No Authorization Information Present* **Code** / **Name** 00 – No Authorization Information Present (No Meaningful Information in I02) *ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF ADDITIONAL IDENTIFICATION.* 03 – Additional Data Identification	M	ID	2/2	Required
ISA02	I02	**Authorization Information** **Description:** Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01) **Health Care Industry:** *CA-DHS: This field always includes 10 blank spaces.*	M	AN	10/10	Required
ISA03	I03	**Security Information Qualifier** **Description:** Code to identify the type of information in the Security Information **Health Care Industry:** *CA-DHS: 00 – No Security Information Present* **Code** / **Name** 00 – No Security Information Present (No Meaningful Information in I04) *ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF PASSWORD DATA.* 01 – Password	M	ID	2/2	Required
ISA04	I04	**Security Information** **Description:** This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03) **Health Care Industry:** *CA-DHS: This field always contains 10 blank spaces.*	M	AN	10/10	Required

ISA05	I05	**Interchange ID Qualifier**	M	ID	2/2	Required

Description: Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified

Health Care Industry: *CA-DHS: "ZZ" – Mutually Defined*

Code	Name
01	Duns (Dun & Bradstreet)
14	Duns Plus Suffix
20	Health Industry Number (HIN)
	CODE SOURCE: *121: Health Industry Identification Number*
27	Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)
28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)
29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)
30	U.S. Federal Tax Identification Number
33	National Association of Insurance Commissioners Company Code (NAIC)
ZZ	Mutually Defined

ISA06	I06	**Interchange Sender ID**	M	AN	15/15	Required

Description: Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element

Health Care Industry: *CA-DHS: "CA-DHS "*

This field has a required length of 15 bytes; therefore, the field is blank filled to the right.

ISA07	I05	**Interchange ID Qualifier**	M	ID	2/2	Required

Description: Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified

Health Care Industry: *CA-DHS: ZZ – Mutually Defined*

Code	Name
01	Duns (Dun & Bradstreet)
14	Duns Plus Suffix
20	Health Industry Number (HIN)
	CODE SOURCE: *121: Health Industry Identification Number*
27	Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)
28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)
29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)

		30 U.S. Federal Tax Identification Number 33 National Association of Insurance Commissioners Company Code (NAIC) ZZ Mutually Defined				
ISA08	I07	**Interchange Receiver ID** **Description:** Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them **Health Care Industry:** *CA-DHS: "ReceiverID "* *This field has a required length of 15 bytes; may contain leading or trailing spaces depending on the length of the field provided by the Trading Partner.*	M	AN	15/15	Required
ISA09	I08	**Interchange Date** **Description:** Date of the interchange **Health Care Industry:** *CA-DHS: The date format is YYMMDD*	M	DT	6/6	Required
ISA10	I09	**Interchange Time** **Description:** Time of the interchange **Health Care Industry:** *CA-DHS: The time format is "HHMM"*	M	TM	4/4	Required
ISA11	I10	**Interchange Control Standards Identifier** **Description:** Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer **Health Care Industry:** *CA-DHS: always "U"* *= U.S. EDI Community of ASC X12, TDCC, and UCS* **All valid standard codes are used.**	M	ID	1/1	Required
ISA12	I11	**Interchange Control Version Number** **Description:** Code specifying the version number of the interchange control segments **Health Care Industry:** *CA-DHS: "00401"* *Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997* **Code** **Name** 00401 Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997	M	ID	5/5	Required
ISA13	I12	**Interchange Control Number** **Description:** A control number assigned by the interchange sender **Health Care Industry:** *CA-DHS: formula: 2 (for 820) + date(yyyymmdd)* *The Interchange Control Number, ISA13,*	M	N0	9/9	Required

		must be identical to the associated Interchange Trailer IEA02.				
ISA14	I13	**Acknowledgment Requested** **Description:** Code sent by the sender to request an interchange acknowledgment (TA1) **Health Care Industry:** *CA-DHS: 0 – No Acknowledgment Requested* **All valid standard codes are used.**	M	ID	1/1	Required
ISA15	I14	**Usage Indicator** **Description:** Code to indicate whether data enclosed by this interchange envelope is test, production or information **Health Care Industry:** *CA-DHS:* *P – Production* *T – Test* *During testing the usage indicator is T. After the trading partner is approved, the usage indicator is P.* **Code** **Name** P Production Data T Test Data	M	ID	1/1	Required
ISA16	I15	**Component Element Separator** **Description:** Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator **Health Care Industry:** *CA-DHS: The component element separator is a delimiter and not a data element. This is always a colon (:).*	M		1/1	Required

Notes:

The ISA is a fixed record length segment and all positions within each of the data elements must be filled. The first element separator defines the element separator to be used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange. Spaces in the example are represented by '.' for clarity.

Example:

*ISA*00*.....*01*SECRET....*ZZ*SUBMITTERS.ID..*ZZ*RECEIVERS.ID...*930602*1253*U*00401*000000905*1*T*:~*

TA1 Interchange Acknowledgement

Pos:	Max: >1
Not Defined - Optional	
Loop: N/A	Elements: 5

User Option (Usage): Situational

To report the status of processing a received interchange header and trailer or the non-delivery by a network provider

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
TA101	I12	**Interchange Control Number** **Description:** A control number assigned by the interchange sender	M	N0	9/9	Required
TA102	I08	**Interchange Date** **Description:** Date of the interchange **Health Care Industry:** *This is the date of the original interchange being acknowledged. (YYMMDD)*	M	DT	6/6	Required
TA103	I09	**Interchange Time** **Description:** Time of the interchange **Health Care Industry:** *This is the time of the original interchange being acknowledged. (HHMM)*	M	TM	4/4	Required
TA104	I17	**Interchange Acknowledgement Code** **Description:** This indicates the status of the receipt of the interchange control structure **All valid standard codes are used.**	M	ID	1/1	Required
TA105	I18	**Interchange Note Code** **Description:** This numeric code indicates the error found processing the interchange control structure **All valid standard codes are used.**	M	ID	3/3	Required

Comments:

1. CA-DHS: Not used

Notes:

1. All fields must contain data.
2. This segment acknowledges the reception of an X12 interchange header and trailer from a previous interchange. If the header/trailer pair was received correctly, the TA1 reflects a valid interchange, regardless of the validity of the contents of the data included inside the header/trailer envelope.
3. See Section A.1.5.1 for interchange acknowledgment information.
4. Use of TA1 is subject to trading partner agreement and is neither mandated or prohibited in this Appendix.

Example:

*TA1*000000905*940101*0100*A*000~*

GS Functional Group Header

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 8

User Option (Usage): Required

To indicate the beginning of a functional group and to provide control information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
GS01	479	**Functional Identifier Code** **Description:** Code identifying a group of application related transaction sets **Health Care Industry:** *CA-DHS: The data element contains the appropriate identifier to designate the type of transaction data to follow the GS segment. In this case: RA - Payment Order/Remittance Advice (820)* **Code** **Name** RA Payment Order/Remittance Advice (820)	M	ID	2/2	Required
GS02	142	**Application Sender's Code** **Description:** Code identifying party sending transmission; codes agreed to by trading partners **Health Care Industry:** *CA-DHS: "CA-DHS"*	M	AN	2/15	Required
GS03	124	**Application Receiver's Code** **Description:** Code identifying party receiving transmission; codes agreed to by trading partners **Health Care Industry:** *CA-DHS: Application Receiver's Code same as ISA08 unless specified on Trading Partner's EDI request form.*	M	AN	2/15	Required
GS04	373	**Date** **Description:** Date expressed as CCYYMMDD	M	DT	8/8	Required
GS05	337	**Time** **Description:** Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99) **Health Care Industry:** *CADHS: The time format is HHMMSS.*	M	TM	4/8	Required

GS06	28	**Group Control Number** **Description:** Assigned number originated and maintained by the sender **Health Care Industry:** *CA-DHS: This data element contains a uniquely assigned number and matches the number in the corresponding GE02 data element on the GE group trailer segment.* *Configured using the following formula: 2 (for 820) + date(yyyymmdd)*	M	N0	1/9	Required
GS07	455	**Responsible Agency Code** **Description:** Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480 **Health Care Industry:** *CA-DHS: "X" – Accredited Standards Committee X12* **Code** **Name** X Accredited Standards Committee X12	M	ID	1/2	Required
GS08	480	**Version / Release / Industry Identifier Code** **Description:** Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed **Health Care Industry:** *CA-DHS: "004010X061A1" for the 820* **Code** **Name** 004010X061A1 Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.	M	AN	1/12	Required

Semantics:

1. GS04 is the group date.
2. GS05 is the group time.
3. The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02.

Comments:

1. A functional group of related transaction sets, within the scope of X12 standards, consists of a collection of similar transaction sets enclosed by a functional group header and a functional group trailer.

Example:

*GS*HC*SENDER CODE*RECEIVER CODE*19940331*0802*1*X*004010X097~*

ST 820 Header

Pos: 010	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

To indicate the start of a transaction set and to assign a control number

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ST01	143	**Transaction Set Identifier Code** **Description:** Code uniquely identifying a Transaction Set **Health Care Industry:** *CA-DHS: For this transaction - "820"* **Code** **Name** 820 Payment Order/Remittance Advice	M	ID	3/3	Required
ST02	329	**Transaction Set Control Number** **Description:** Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set **Health Care Industry:** *CA-DHS: The transaction set control numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. For example, start with the number 0001 and increment from there. This number must be unique within a specific group and interchange, but the number can repeat in other groups and interchanges. Assigned by sender.*	M	AN	4/9	Required

Semantics:

1. The transaction set identifier (ST01) used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).

Example:

*ST*820*1234~*

BPR Financial Information

Pos: 020	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 16

User Option (Usage): Required

To indicate the beginning of a Payment Order/Remittance Advice Transaction Set and total payment amount, or to enable related transfer of funds and/or information from payer to payee to occur

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
BPR01	305	**Transaction Handling Code**	M	ID	1/2	Required
		Description: Code designating the action to be taken by all parties **Health Care Industry:** *CA-DHS: Always "I" - Remittance Information Only* *Code designating whether and how money and information are to be processed.*				

Code	Name
C	Payment Accompanies Remittance Advice
	Use this code to instruct the Originating Depository Financial Institution to move both funds and remittance detail together through the banking system.
D	Make Payment Only
	Use this code to instruct the Originating Depository Financial Institution to move only funds through the banking system, and to ignore any remittance detail.
I	Remittance Information Only
	Use this code to indicate to the payee that the remittance detail is moving separately from the payment.
P	Prenotification of Future Transfers
	The "P" code is used to test the setup of the premium receiver and verify the accuracy of the account numbers. This is never used for actual payments or remittance information.
U	Split Payment and Remittance
	Use this code to instruct your third party processor to split the payment and remittance detail and send each one separately.
X	Handling Party's Option to Split Payment and Remittance
	Use this code to instruct the Originating Depository Financial Institution to move the payment and remittance detail, either together or separately, based upon the payee's request or capabilities.

BPR02	782	**Monetary Amount**	M	R	1/18	Required
		Description: Monetary amount **Health Care Industry:** *Total Premium Payment Amount* *CA-DHS: Warrant Amount* *The ACH system can not support dollar amounts greater than 11 characters (including the decimal point). This provides an EFT limit of $99,999,999.99. for the 820.*				

BPR03	478	**Credit/Debit Flag Code**	M	ID	1/1	Required

Description: Code indicating whether amount is a credit or debit

Health Care Industry: *Credit or Debit Flag Code*

CA-DHS: "C" - Credit.

Code	Name
C	Credit
	If Payment is EFT, this indicates a credit to the payee's account, and a debit to the Payer's account. This code should also be used if payment is by check.
D	Debit
	NOT ADVISED *Indicates a debit to the Payer's account and a credit to the payee's account, initiated by the payee at the instruction of the payer. For HIPAA Health Premium Payments code "D" is not valid.*

BPR04	591	**Payment Method Code**	M	ID	3/3	Required

Description: Code identifying the method for the movement of payment instructions

Health Care Industry: *CA-DHS: "CHK" - Check*

Code	Name
ACH	Automated Clearing House (ACH)
	Use this code to move money electronically through the ACH. When this code is used, information in BPR05 through BPR09 and BPR12 through BPR15 must also be included.
BOP	Financial Institution Option
	Use this code to indicate that the Originating Depository Financial Institution will choose the method of payment based upon payee's request or capabilities.
CHK	Check
	Use this code to indicate that a check has been issued for payment.
FWT	Federal Reserve Funds/Wire Transfer - Nonrepetitive
	Use this code to indicate that the funds were sent through the wire system.
SWT	Society for Worldwide Interbank Financial Telecommunications (S.W.I.F.T.)
	Use this code to indicate that the funds were sent as a S.W.I.F.T. payment.

BPR05	812	**Payment Format Code**	O	ID	1/10	Situational

Description: Code identifying the payment format to be used

Health Care Industry: *CA-DHS: Not used. This is required when payment is made using an ACH network.*

Code	Name
CCP	Cash Concentration/Disbursement plus Addenda (CCD+) (ACH)
	CCD+ format moves money and up to 80 characters of data, enough to reassociate dollars and data when the dollars are sent through the ACH and the remittance data is sent on a separate path. It is suggested that the addenda contains a copy of the TRN segment.
CTX	Corporate Trade Exchange (CTX) (ACH)
	CTX format is used to move dollars and data through the ACH. It can contain up to 9,999 addenda records of 80 characters each. The CTX will encapsulate the complete 820 and all the envelope segments.

BPR06	506	**(DFI) ID Number Qualifier**	C	ID	2/2	Situational

Description: Code identifying the type of identification number of Depository Financial Institution (DFI)

Health Care Industry: *Depository Financial Institution (DFI) Identification Number Qualifier*

CA-DHS: Not used.
BPR06 THROUGH BPR09 relate to the Originating Depository Financial Institution and the premium payer's bank account.
This is required when the originating financial institution needs the DFI number to process the payment.

Code	Name
01	ABA Transit Routing Number Including Check Digits (9 digits)
	ABA is a unique number identifying every bank in the United States.
	CODE SOURCE:
	4: ABA Routing Number
04	Canadian Bank Branch and Institution Number
	CODE SOURCE:
	91: Canadian Financial Institution Branch and Institution Number

BPR07	507	**(DFI) Identification Number**	C	AN	3/12	Situational

Description: Depository Financial Institution (DFI) identification number

Health Care Industry: *Originating Depository Financial Institution (DFI) Identifier*

CA-DHS: Not used.
CODE SOURCE: *60: (DFI) Identification Number*
This is the identifying number of the Originating Depository Financial Institution sending the transaction into the ACH network.

ExternalCodeList
Name: 4
Description: ABA Routing Number
ExternalCodeList
Name: 91
Description: Canadian Financial Institution Branch and Institution Number

BPR08	569	**Account Number Qualifier**	O	ID	1/3	Situational

Description: Code indicating the type of account

Health Care Industry: *CA-DHS: Not used.*
This is required when the originating financial institution needs the bank account number to process payments.

Code	Name
DA	Demand Deposit
ALC	Agency Location Code (ALC)
	For Federal Government use only.

BPR09	508	**Account Number** **Description:** Account number assigned **Health Care Industry:** *Sender Bank Account Number* *CA-DHS: Not used.* *This is the premium payer's bank account at the Originating Depository Financial Institution.*	C	AN	1/35	Situational
BPR10	509	**Originating Company Identifier** **Description:** A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9 **Health Care Industry:** *CA-DHS: Not used. This is required when reassociation is necessary. BPR10 must be identical to TRN03. BPR10 must be Federal Tax ID number preceded by a 1.*	O	AN	10/10	Situational
BPR11	510	**Originating Company Supplemental Code** **Description:** A code defined between the originating company and the originating depository financial institution (ODFI) that uniquely identifies the company initiating the transfer instructions **Health Care Industry:** *CA-DHS: Not used. This is required when identification of a subdivision within a company is necessary. If this data element is used, it should be identical to the value used in Reference Number data element TRN04 of the TRN segment.*	O	AN	9/9	Situational
BPR12	506	**(DFI) ID Number Qualifier** **Description:** Code identifying the type of identification number of Depository Financial Institution (DFI) **Health Care Industry:** *Depository Financial Institution (DFI) Identification Number Qualifier* *CA-DHS: Not used.* *BPR12 THROUGH BPR15 relate to the Receiving Depository Financial Institution and the premium receiver's bank account. BPR12 - BPR15 are required if the 820 transaction set is used to initiate a funds transfer.* *This is required when the originating financial institution needs the receiving financial institution DFI number to process payments.*	C	ID	2/2	Situational

Code	Name
01	ABA Transit Routing Number Including Check Digits (9 digits) *ABA is a unique number identifying every bank in the United States.* **CODE SOURCE:** *4: ABA Routing Number*
04	Canadian Bank Branch and Institution Number **CODE SOURCE:** *91: Canadian Financial Institution Branch and Institution Number*

BPR13	507	**(DFI) Identification Number** **Description:** Depository Financial Institution (DFI) identification number **Health Care Industry:** *Receiving Depository Financial Institution (DFI)* *CA-DHS: Not used.* **CODE SOURCE:** *60: (DFI) Identification Number* *This is the identifying number of the Receiving Depository financial institution receiving the transaction from the ACH network.* **ExternalCodeList** **Name:** 4 **Description:** ABA Routing Number **ExternalCodeList** **Name:** 91 **Description:** Canadian Financial Institution Branch and Institution Number	C	AN	3/12	Situational
BPR14	569	**Account Number Qualifier** **Description:** Code indicating the type of account **Health Care Industry:** *CA-DHS: Not used. It identifies the type of account in BPR15. This is required when the originating financial institution needs the receiving bank account number to process payments.* **Code** / **Name** DA – Demand Deposit SG – Savings	O	ID	1/3	Situational
BPR15	508	**Account Number** **Description:** Account number assigned **Health Care Industry:** *Receiver Bank Account Number* *CA-DHS: Not used.* *This is the premium receiver's bank account at the Receiving Depository financial institution.*	C	AN	1/35	Situational
BPR16	373	**Date** **Description:** Date expressed as CCYYMMDD **Health Care Industry:** *Check Issue or EFT Effective Date*	O	DT	8/8	Required

CA-DHS: Warrant issue date.
For credit payments, this data element specifies the date the originator (premium payer) intends to provide good funds to the receiver (premium receiver).
For check payment, this data element specifies the check issuance date.
For FedWire payment, this data element specifies the value date.
For ACH payments, the originating Depository financial institution will either correct this date if it is not a valid effective date, or reject the item based on previous agreement between the originator and their financial institution.

Syntax Rules:

1. P0607 - If either BPR06 or BPR07 is present, then the other is required.
2. C0809 - If BPR08 is present, then BPR09 is required.
3. P1213 - If either BPR12 or BPR13 is present, then the other is required.
4. C1415 - If BPR14 is present, then BPR15 is required.

Semantics:

1. BPR02 specifies the payment amount.
2. When using this transaction set to initiate a payment, all or some of BPR06 through BPR16 may be required, depending on the conventions of the specific financial channel being used.
3. BPR06 and BPR07 relate to the originating depository financial institution (ODFI).
4. BPR08 is a code identifying the type of bank account or other financial asset.
5. BPR09 is the account of the company originating the payment. This account may be debited or credited depending on the type of payment order.
6. BPR12 and BPR13 relate to the receiving depository financial institution (RDFI).
7. BPR14 is a code identifying the type of bank account or other financial asset.
8. BPR15 is the account number of the receiving company to be debited or credited with the payment order.
9. BPR16 is the date the originating company intends for the transaction to be settled (i.e., Payment Effective Date).

Notes:

1. The BPR addresses the payment total that a premium payer is remitting to the premium receiver. The BPR contains mandatory information, even when not being used to move funds electronically.

Example:

*BPR*C*100000*C*ACH*CTX*01*999999992*DA*123456*1123456789*1999999999*01*999988880*DA*98765*19970401~*

TRN Reassociation Key

Pos: 035	Max: 1
Heading - Optional	
Loop: N/A	Elements: 4

User Option (Usage): Required

To uniquely identify a transaction to an application

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
TRN01	481	**Trace Type Code** **Description:** Code identifying which transaction is being referenced **Health Care Industry:** *CA-DHS: "3" - Financial Reassociation Trace Number* **Code** / **Name** 1 Current Transaction Trace Numbers *The payment and remittance have not been separated.* 3 Financial Reassociation Trace Number *The payment and remittance information have been separated and need to be reassociated by the receiver.*	M	ID	1/2	Required
TRN02	127	**Reference Identification** **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Health Care Industry:** *Check or EFT Trace Number* *CA-DHS: Warrant number-Schedule number. This field is used to re-associate the payment with the remittance information.*	M	AN	1/30	Required
TRN03	509	**Originating Company Identifier** **Description:** A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9 **Health Care Industry:** *CA-DHS: Not used. TRN03 must contain the Federal Tax ID Number proceeded by a 1. When TRN03 is used, it must be identical to BPR10. This is required when the receiver needs an originating company identification to reassociate a payment to a remittance.*	O	AN	10/10	Situational

TRN04	127	**Reference Identification** **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Health Care Industry:** *Originating Company Supplemental Code* *CA-DHS: Not used.* *If both TRN04 and BPR11 are used they must be identical.* *This is required when the Payer is sending multiple premium payments for multiple group plans and the receiver needs an additional identifier for re-association.*	O	AN	1/30	Situational

Semantics:

1. TRN02 provides unique identification for the transaction.
2. TRN03 identifies an organization.
3. TRN04 identifies a further subdivision within the organization.

Notes:

1. The purpose of this segment is to uniquely identify this transaction set and aid in the reassociating payment and remittance data that have been separated. See section 2.2.5 and 2.2.6 for more information.

Example:

*TRN*1*12345*1512345678*1999999999~*

CUR Non-US Dollars Currency

Pos: 040	Max: 1
Heading - Optional	
Loop: N/A	Elements: 3

User Option (Usage): Situational

To specify the currency (dollars, pounds, francs, etc.) used in a transaction

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CUR01	98	**Entity Identifier Code** **Description:** Code identifying an organizational entity, a physical location, property or an individual *This data element identifies the party using the currency defined in Currency Code CUR02.* **Code** / **Name** 2B Third-Party Administrator PR Payer	M	ID	2/3	Required
CUR02	100	**Currency Code** **Description:** Code (Standard ISO) for country in whose currency the charges are specified **CODE SOURCE:** *5: Countries, Currencies and Funds* *MXP Mexican Pesos* *CAD Canadian Dollars* *USD United States Dollars* **ExternalCodeList** **Name:** 5 **Description:** Countries, Currencies and Funds	M	ID	3/3	Required
CUR03	280	**Exchange Rate** **Description:** Value to be used as a multiplier conversion factor to convert monetary value from one currency to another *This is required when the currency for payment is not the same currency specified on the bill/invoice.*	O	R	4/10	Situational

Syntax Rules:

1. C0807 - If CUR08 is present, then CUR07 is required.
2. C0907 - If CUR09 is present, then CUR07 is required.
3. L101112 - If CUR10 is present, then at least one of CUR11 or CUR12 is required.
4. C1110 - If CUR11 is present, then CUR10 is required.

5. C1210 - If CUR12 is present, then CUR10 is required.
6. L131415 - If CUR13 is present, then at least one of CUR14 or CUR15 is required.
7. C1413 - If CUR14 is present, then CUR13 is required.
8. C1513 - If CUR15 is present, then CUR13 is required.
9. L161718 - If CUR16 is present, then at least one of CUR17 or CUR18 is required.
10. C1716 - If CUR17 is present, then CUR16 is required.
11. C1816 - If CUR18 is present, then CUR16 is required.
12. L192021 - If CUR19 is present, then at least one of CUR20 or CUR21 is required.
13. C2019 - If CUR20 is present, then CUR19 is required.
14. C2119 - If CUR21 is present, then CUR19 is required.

Comments:

1. See Figures Appendix for examples detailing the use of the CUR segment.
2. CA-DHS: Not used.

Notes:

1. The currency segment is used in this 820 to specify the currency and exchange rate, when payment is made in a currency other then that in the original request.

CA-DHS: Not used.

Example:

*CUR*PR*CAN*11.23~*

REF Premium Receivers Identification Key

Pos: 050 **Max: >1**
Heading - Optional
Loop: N/A **Elements: 2**

User Option (Usage): Situational

To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier** **Description:** Code qualifying the Reference Identification **Health Care Industry:** *CA-DHS: 14*	M	ID	2/3	Required
		Code / **Name** 14 Master Account Number *For HIPAA Health Premium Payments this element is REQUIRED.* 18 Plan Number 2F Consolidated Invoice Number 38 Master Policy Number 72 Schedule Reference Number *For U.S. Treasury Department Financial Management Service Disbursed payments, this code indicates a payment schedule number will follow.*				
REF02	127	**Reference Identification** **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Health Care Industry:** *Premium Receiver Reference Identifier* *CA-DHS: Vendor Number* *For Treasury Department Financial Management Service Disbursed payments, this data field is schedule number (11 Characters) submitted by the agency authorizing the payment.*	C	AN	1/30	Required

Syntax Rules:

1. R0203 - At least one of REF02 or REF03 is required.

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Notes:

1. This segment is used to provide the premium receiver a key associated with this premium payment. The type of key and value is provided to the premium payer by the premium receiver. Examples of keys are Plan Number, Master Account Number, Consolidated Invoice Number, and Master Policy Number.
2. For HIPAA Health Premium Payments one occurrence of this segment is REQUIRED to identify the Master Account Number.

Example:

*REF*18*123456789~*

DTM Process Date

Pos: 060	Max: 1
Heading - Optional	
Loop: N/A	Elements: 2

User Option (Usage): Situational

To specify pertinent dates and times

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTM01	374	**Date/Time Qualifier** **Description:** Code specifying type of date or time, or both date and time **Health Care Industry:** *Date Time Qualifier* **Code** **Name** 009 Process	M	ID	3/3	Required
DTM02	373	**Date** **Description:** Date expressed as CCYYMMDD **Health Care Industry:** *Payer Process Date*	C	DT	8/8	Required

Syntax Rules:

1. R020305 - At least one of DTM02, DTM03 or DTM05 is required.
2. C0403 - If DTM04 is present, then DTM03 is required.
3. P0506 - If either DTM05 or DTM06 is present, then the other is required.

Comments:

1. CA-DHS: Not Used.

Notes:

1. This segment is used to relay the date the payment was processed by the premium payer.
2. For HIPAA Health Premium Payments this segment is NOT USED.

Example:

*DTM*009*19970101~*

DTM Delivery Date

Pos: 060	Max: 1
Heading - Optional	
Loop: N/A	Elements: 2

User Option (Usage): Situational

To specify pertinent dates and times

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTM01	374	**Date/Time Qualifier** **Description:** Code specifying type of date or time, or both date and time **Health Care Industry:** *Date Time Qualifier* **Code** **Name** 035 Delivered	M	ID	3/3	Required
DTM02	373	**Date** **Description:** Date expressed as CCYYMMDD **Health Care Industry:** *Premium Delivery Date*	C	DT	8/8	Required

Syntax Rules:

1. R020305 - At least one of DTM02, DTM03 or DTM05 is required.
2. C0403 - If DTM04 is present, then DTM03 is required.
3. P0506 - If either DTM05 or DTM06 is present, then the other is required.

Comments:

1. CA-DHS: Not Used.

Notes:

1. This segment is used to relay the date the payment was delivered to the Originating Depository Financial Institution by the premium payer or their third party processor.
2. For HIPAA Health Premium Payments this segment is NOT USED.

Example:

*DTM*035*19970101~*

DTM Coverage Period

Pos: 060	Max: 1
Heading - Optional	
Loop: N/A	Elements: 3

User Option (Usage): Situational

To specify pertinent dates and times

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTM01	374	**Date/Time Qualifier** **Description:** Code specifying type of date or time, or both date and time **Health Care Industry:** *Date Time Qualifier* *CA-DHS: "582" - Report Period.* **Code** 582 — **Name** Report Period	M	ID	3/3	Required
DTM05	1250	**Date Time Period Format Qualifier** **Description:** Code indicating the date format, time format, or date and time format **Health Care Industry:** *CA-DHS: "RD8" - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD* **Code** RD8 — **Name** Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	C	ID	2/3	Required
DTM06	1251	**Date Time Period** **Description:** Expression of a date, a time, or range of dates, times or dates and times **Health Care Industry:** *Coverage Period* *Start date of the coverage period associated with the payment amount concatenated with the End date of the coverage period associated with the payment amount*	C	AN	1/35	Required

Syntax Rules:

1. R020305 - At least one of DTM02, DTM03 or DTM05 is required.
2. C0403 - If DTM04 is present, then DTM03 is required.
3. P0506 - If either DTM05 or DTM06 is present, then the other is required.

Notes:

1. This segment is used to relay the start and end date of the coverage period associated with this premium payment.
2. This segment is required when the premium payer is not paying from an invoice but paying on account for a coverage period.

Example:

*DTM*582****RD8*19970101-19970130~*

N1 Premium Receiver's Name

Pos: 070	Max: 1
Heading - Optional	
Loop: 1000A	Elements: 4

User Option (Usage): Required

To identify a party by type of organization, name, and code

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N101	98	**Entity Identifier Code** **Description:** Code identifying an organizational entity, a physical location, property or an individual **Health Care Industry:** *CA-DHS: "PE" - Payee* *For HIPAA Health Premium Payments this element is REQUIRED.* **Code** **Name** PE Payee	M	ID	2/3	Required
N102	93	**Name** **Description:** Free-form name **Health Care Industry:** *CA-DHS: Vendor name.* *For HIPAA Health Premium Payments this element is REQUIRED.* *This is required when the sender needs to relay the receiver's name.*	C	AN	1/60	Situational
N103	66	**Identification Code Qualifier** **Description:** Code designating the system/method of code structure used for Identification Code (67) **Health Care Industry:** *CA-DHS: "FI" - Federal Taxpayer's Identification Number* *This is required when the sender needs to relay a unique identifier for the receiver.* *For HIPAA Health Premium Payments this element is REQUIRED.* **Code** **Name** 1 D-U-N-S Number, Dun & Bradstreet **CODE SOURCE:** *16: D-U-N-S Number* 9 D-U-N-S+4, D-U-N-S Number with Four Character Suffix **CODE SOURCE:** *16: D-U-N-S Number* EQ Insurance Company Assigned Identification Number	C	ID	1/2	Situational

		FI	Federal Taxpayer's Identification Number			
		XV	Health Care Financing Administration National Payer Identification Number (PAYERID) *This is Required for a HIPAA compliant implementation when the National PlanID is mandated. Until that time, code FI is the alternate HIPAA compliant identifier.* **CODE SOURCE:** *540: Health Care Financing Administration National PlanID*			
N104	67	**Identification Code** **Description:** Code identifying a party or other code **Health Care Industry:** *CA-DHS: Vendor's Federal Taxpayer's Identification Number.* *The following vendor types will have 999999999 for the number (Federal Agency, State Agency, Local Government, Other Governmental Entities).* *Payments made for CARE HIPP and HIPP may also have 999999999 for this field to speed payment and avoid cancellation of insurance.* *For HIPAA Health Premium Payments this element is REQUIRED.* **ExternalCodeList** **Name:** 16 **Description:** D-U-N-S Number **ExternalCodeList** **Name:** 540 **Description:** Health Care Financing Administration National PlanID	C	AN	2/80	Situational

Syntax Rules:

1. R0203 - At least one of N102 or N103 is required.
2. P0304 - If either N103 or N104 is present, then the other is required.

Comments:

1. This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party.
2. N105 and N106 further define the type of entity in N101.

Notes:

1. This segment is used to relay the name and an identifier of the premium receiver.

Example:

*N1*PE*XYZ INSURANCE*1*123456789~*

N2 Premium Receiver Additional Name

Pos: 080	Max: 1
Heading - Optional	
Loop: 1000A	Elements: 1

User Option (Usage): Situational

To specify additional names or those longer than 35 characters in length

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N201	93	**Name** **Description:** Free-form name **Health Care Industry:** *Receiver Additional Name*	M	AN	1/60	Required

Comments:

1. CA-DHS: Not used.

Notes:

1. This is required when the sender needs more characters than available in the N102.

Example:

*N2*Name continuation~*

N3 Premium Receiver's Address

Pos: 090	Max: 1
Heading - Optional	
Loop: 1000A	Elements: 2

User Option (Usage): Situational

To specify the location of the named party

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N301	166	**Address Information** **Description:** Address information **Health Care Industry:** *CA-DHS: Vendor address line 1*	M	AN	1/55	Required
N302	166	**Address Information** **Description:** Address information **Health Care Industry:** *CA-DHS: Vendor address line 2* *Required if a second address line exists.*	O	AN	1/55	Situational

Notes:

1. *This segment is used to relay the premium receiver's address lines other than City, State, or ZIP.*
2. *This is required when the Premium Receiver's Address needs to be printed on the check.*
3. *For EFT payments this segment is not used.*

Example:

*N3*200 STATE STREET~*

N4 Premium Receiver's City, State, Zip

Pos: 100	Max: 1
Heading - Optional	
Loop: 1000A	Elements: 4

User Option (Usage): Situational

To specify the geographic place of the named party

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N401	19	**City Name** **Description:** Free-form text for city name **Health Care Industry:** *CA-DHS: Vendor city*	O	AN	2/30	Required
N402	156	**State or Province Code** **Description:** Code (Standard State/Province) as defined by appropriate government agency **Health Care Industry:** *CA-DHS: Vendor state abbr.* **CODE SOURCE:** *22: States and Outlying Areas of the U.S.* **ExternalCodeList** **Name:** 22 **Description:** States and Outlying Areas of the U.S.	O	ID	2/2	Required
N403	116	**Postal Code** **Description:** Code defining international postal zone code excluding punctuation and blanks (zip code for United States) **Health Care Industry:** *CA-DHS: Vendor zip code* **CODE SOURCE:** *51: ZIP Code* **ExternalCodeList** **Name:** 51 **Description:** ZIP Code	O	ID	3/15	Required
N404	26	**Country Code** **Description:** Code identifying the country **Health Care Industry:** *CA-DHS: Not used.* **CODE SOURCE:** *5: Countries, Currencies and Funds* *This is required when the address is outside the US.* **ExternalCodeList** **Name:** 5 **Description:** Countries, Currencies and Funds	O	ID	2/3	Situational

Syntax Rules:

1. C0605 - If N406 is present, then N405 is required.

Comments:

1. A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
2. N402 is required only if city name (N401) is in the U.S. or Canada.

Notes:

1. This segment is used to relay the premium receiver's city, state and zip.
2. This is required when the Premium Receiver's city, state, zip needs to be printed on the check.
3. For EFT payments this segment is not used.

Example:

*N4*HARTFORD*CT*06120~*

N1 Premium Payer's Name

Pos: 070	Max: 1
Heading - Optional	
Loop: 1000B	Elements: 4

User Option (Usage): Required

To identify a party by type of organization, name, and code

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N101	98	**Entity Identifier Code** **Description:** Code identifying an organizational entity, a physical location, property or an individual **Health Care Industry:** *CA-DHS: "PR" - Payer.* *For HIPAA Health Premium Payments this element is REQUIRED.* **Code** **Name** PR Payer	M	ID	2/3	Required
N102	93	**Name** **Description:** Free-form name **Health Care Industry:** *Premium Payer Name* *CA-DHS: "California - Department of Health Services"* *This is required when the receiver needs the sender's name.* *For HIPAA Health Premium Payments this element is REQUIRED.*	C	AN	1/60	Situational
N103	66	**Identification Code Qualifier** **Description:** Code designating the system/method of code structure used for Identification Code (67) **Health Care Industry:** *CA-DHS: "FI" - Federal Taxpayer's Identification Number* *This is required when the receiver needs a unique identification for the sender.* *For HIPAA Health Premium Payments this element is REQUIRED.* *65 National Employer Identification* *This is Required for a HIPAA compliant implementation when the National Employer ID is mandated. Until that time, code FI is the alternate HIPAA compliant identifier.*	C	ID	1/2	Situational

		Code	Name
		1	D-U-N-S Number, Dun & Bradstreet
			CODE SOURCE: *16: D-U-N-S Number*
		9	D-U-N-S+4, D-U-N-S Number with Four Character Suffix
			CODE SOURCE: *16: D-U-N-S Number*
		24	Employer's Identification Number
		75	State or Province Assigned Number
			Used by States when remitting Medicare premium payments (in participation with a "State Buy- In" program).
		EQ	Insurance Company Assigned Identification Number
		FI	Federal Taxpayer's Identification Number
		PI	Payor Identification
			Used by the federal government to identify a federal agency's payroll office.

N104	67	**Identification Code**	C	AN	2/80	Situational

Description: Code identifying a party or other code

Health Care Industry: *Premium Payer Identifier*

CA-DHS: "00-0000068"
For HIPAA Health Premium Payments this element is REQUIRED.

ExternalCodeList
Name: 16
Description: D-U-N-S Number

Syntax Rules:

1. R0203 - At least one of N102 or N103 is required.
2. P0304 - If either N103 or N104 is present, then the other is required.

Comments:

1. This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party.
2. N105 and N106 further define the type of entity in N101.

Notes:

1. This segment is used to relay the name and an identifier of the premium payer.

Example:

*N1*PR*ABC COMPANY*1*123456789~*

N2 Premium Payer Additional Name

Pos: 080	Max: 1
Heading - Optional	
Loop: 1000B	Elements: 1

User Option (Usage): Situational

To specify additional names or those longer than 35 characters in length

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N201	93	**Name** **Description:** Free-form name **Health Care Industry:** *Premium Payer Additional Name*	M	AN	1/60	Required

Comments:

1. CA-DHS: Not used.

Notes:

1. This is required when the sender needs more characters than available in the N102.

Example:

*N2*Name continuation~*

N3 Premium Payer's Address

Pos: 090	Max: 1
Heading - Optional	
Loop: 1000B	Elements: 2

User Option (Usage): Situational

To specify the location of the named party

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N301	166	**Address Information** **Description:** Address information **Health Care Industry:** *Premium Payer Address Line* *CA-DHS: "P.O. Box 997413, MS Code 1101"*	M	AN	1/55	Required
N302	166	**Address Information** **Description:** Address information **Health Care Industry:** *Premium Payer Address Line* *This is required when the sender needs to relay additional lines of their address to the receiver.* *Required if a second address line exists.*	O	AN	1/55	Situational

Notes:

1. *This segment is used to relay the premium payer's address lines other than City, State, or ZIP.*
2. *This is required when the Premium Payer's Address needs to be printed on the check.*
3. *For EFT payments this segment is not used.*

Example:

*N3*100 MAIN STREET~*

N4 Premium Payer's City, State, Zip

Pos: 100	Max: 1
Heading - Optional	
Loop: 1000B	Elements: 4

User Option (Usage): Situational

To specify the geographic place of the named party

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N401	19	**City Name** **Description:** Free-form text for city name **Health Care Industry:** *Premium Payer City Name* *CA-DHS: "Sacramento"*	O	AN	2/30	Required
N402	156	**State or Province Code** **Description:** Code (Standard State/Province) as defined by appropriate government agency **Health Care Industry:** *Premium Payer State Code* *CA-DHS: "CA"* **CODE SOURCE:** *22: States and Outlying Areas of the U.S.* **ExternalCodeList** **Name:** 22 **Description:** States and Outlying Areas of the U.S.	O	ID	2/2	Required
N403	116	**Postal Code** **Description:** Code defining international postal zone code excluding punctuation and blanks (zip code for United States) **Health Care Industry:** *Premium Payer Postal Zone or ZIP Code* *CA-DHS: "958997413"* **CODE SOURCE:** *51: ZIP Code* **ExternalCodeList** **Name:** 51 **Description:** ZIP Code	O	ID	3/15	Required
N404	26	**Country Code** **Description:** Code identifying the country **Health Care Industry:** *CA-DHS: Not used.* **CODE SOURCE:** *5: Countries, Currencies and Funds* *This is required when the address is outside the US.* **ExternalCodeList** **Name:** 5 **Description:** Countries, Currencies and Funds	O	ID	2/3	Situational

Syntax Rules:

1. C0605 - If N406 is present, then N405 is required.

Comments:

1. A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
2. N402 is required only if city name (N401) is in the U.S. or Canada.

Notes:

1. This segment is used to relay the premium payer's city, state and zip.
2. This is required when the Premium Payer's city, state, zip needs to be printed on the check.
3. For EFT payments this segment is not used.

Example:

*N4*HARTFORD*CT*06120~*

PER Premium Payer's Administrative Contact

Pos: 120	Max: >1
Heading - Optional	
Loop: 1000B	Elements: 8

User Option (Usage): Situational

To identify a person or office to whom administrative communications should be directed

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PER01	366	**Contact Function Code** **Description:** Code identifying the major duty or responsibility of the person or group named **Health Care Industry:** *CA-DHS: "IC" - Information Contact* **Code** / **Name** IC / Information Contact	M	ID	2/2	Required
PER02	93	**Name** **Description:** Free-form name **Health Care Industry:** *Premium Payer Contact Name* *CA-DHS: "DHS EDI Administrator"* *Use this data element when the name of the individual to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1).*	O	AN	1/60	Required
PER03	365	**Communication Number Qualifier** **Description:** Code identifying the type of communication number **Health Care Industry:** *CA-DHS: "EM" - Electronic Mail* *This is required when the sender needs to relay communication information.* **Code** / **Name** EM / Electronic Mail FX / Facsimile TE / Telephone	C	ID	2/2	Situational
PER04	364	**Communication Number** **Description:** Complete communications number including country or area code when applicable **Health Care Industry:** *CA-DHS: EDI_ADMIN@dhs.ca.gov*	C	AN	1/80	Situational

PER05	365	**Communication Number Qualifier** **Description:** Code identifying the type of communication number **Health Care Industry:** *CA-DHS: Not used* *This is required when the sender needs to relay communication information.*	C	ID	2/2	Situational
PER06	364	**Communication Number** **Description:** Complete communications number including country or area code when applicable **Health Care Industry:** *CA-DHS: Not used*	C	AN	1/80	Situational
PER07	365	**Communication Number Qualifier** **Description:** Code identifying the type of communication number **Health Care Industry:** *CA-DHS: Not used* *This is required when the sender needs to relay communication information.*	C	ID	2/2	Situational
PER08	364	**Communication Number** **Description:** Complete communications number including country or area code when applicable **Health Care Industry:** *CA-DHS: Not used*	C	AN	1/80	Situational

Code	Name
EM	Electronic Mail
EX	Telephone Extension
	When used, the value following this code is the extension for the preceding communications contact number.
FX	Facsimile
TE	Telephone

Syntax Rules:

1. P0304 - If either PER03 or PER04 is present, then the other is required.
2. P0506 - If either PER05 or PER06 is present, then the other is required.
3. P0708 - If either PER07 or PER08 is present, then the other is required.

Notes:

1. This segment is used to relay a premium payer's administrative contact.
2. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525).

The extension, when applicable, should be included in the communication number immediately after the telephone number.
3. By definition of the standard, if PER03 is used, PER04 is required.

Example:

*PER*IC*JOHN SMITH*TE*8001234567*EX*9876*FX**8008889999~*

ENT Organization Summary Remittance

Pos: 010	Max: 1
Detail - Optional	
Loop: 2000A	Elements: 4

User Option (Usage): Situational

To designate the entities which are parties to a transaction and specify a reference meaningful to those entities

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ENT01	554	**Assigned Number** **Description:** Number assigned for differentiation within a transaction set **Health Care Industry:** *CA-DHS: assigned incremental number beginning with "1"*	O	N0	1/6	Required
ENT02	98	**Entity Identifier Code** **Description:** Code identifying an organizational entity, a physical location, property or an individual **Health Care Industry:** *CA-DHS: "2L" - Corporation*	C	ID	2/3	Required
ENT03	66	**Identification Code Qualifier** **Description:** Code designating the system/method of code structure used for Identification Code (67) **Health Care Industry:** *CA-DHS: "FI" - Federal Taxpayer's Identification Number* *65 National Employer Identification* *This is Required for a HIPAA compliant implementation when the National Employer ID is mandated. Until that time, code FI is the alternate HIPAA compliant identifier.*	C	ID	1/2	Situational

ENT02 Code values

Code	Name
2L	Corporation *This code is used to identify an organization level (summary level bill payment only).*

ENT03 Code values

Code	Name
1	D-U-N-S Number, Dun & Bradstreet **CODE SOURCE:** *16: D-U-N-S Number*
9	D-U-N-S+4, D-U-N-S Number with Four Character Suffix **CODE SOURCE:** *16: D-U-N-S Number*
FI	Federal Taxpayer's Identification Number

ENT04	67	**Identification Code** **Description:** Code identifying a party or other code **Health Care Industry:** *Organization Identification Code* *CA-DHS: DHS Tax ID* *For HIPAA Health Premium Payments this element is REQUIRED.* **ExternalCodeList** **Name:** 16 **Description:** D-U-N-S Number	C	AN	2/80	Situational

Syntax Rules:

1. P020304 - If either ENT02, ENT03 or ENT04 are present, then the others are required.
2. P050607 - If either ENT05, ENT06 or ENT07 are present, then the others are required.
3. P0809 - If either ENT08 or ENT09 is present, then the other is required.

Comments:

1. This segment allows for the grouping of data by entity/entities at or within a master/masters. A master (e.g., an organization) can be comprised of numerous subgroups (e.g., entities). This master may send grouped data to another master (e.g., an organization) which is comprised of one or more entities. Groupings are as follows:
2. (1) Single/Single: Only ENT01 is necessary, because there is a single entity (the sending master) communicating with a single entity (the receiving master).
3. (2) Single/Multiple: ENT05, ENT06, and ENT07 would be used to identify the entities within the receiving master. The sending master is a single entity, so no other data elements need be used.
4. (3) Multiple/Single: ENT02, ENT03, and ENT04 would be used to identify the entities within the sending master. The receiving master is a single entity, so no other data elements need be used.
5. (4) Multiple/Multiple: ENT02, ENT03, and ENT04 would be used to identify the entities within the sending master. ENT05, ENT06, and ENT07 would be used to identify the entities within the receiving master.
6. This segment also allows for the transmission of a unique reference number that is meaningful between the entities.

Notes:

1. This segment is used to start table two and provide company remittance line items that pertain to group level premium or contribution payments. ENT01 must be a sequential number within the transaction set, starting with one and incrementing by one.

Example:

*ENT*1*2L*1*9325671910~*

RMR Organization Summary Remittance Detail

Pos: 150	Max: 1
Detail - Optional	
Loop: 2300A	Elements: 5

User Option (Usage): Required

To specify the accounts receivable open item(s) to be included in the cash application and to convey the appropriate detail

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
RMR01	128	**Reference Identification Qualifier** **Description:** Code qualifying the Reference Identification **Health Care Industry:** *CA-DHS: "IK" - Invoice Number* **Code** / **Name** 11 Account Number 1L Group or Policy Number *In addition to private sector health care contract numbers, Group or Policy Number can be used to identify the Federal Employees Health Benefits Program (FEHB) "Enrollment Code" being paid. The FEHB Enrollment Code identifies an insurer's specific health benefits plan. For HIPAA Health Premium Payments this code is REQUIRED when an invoice has not been received from the Health Plan.* CT Contract Number IK Invoice Number	C	ID	2/3	Required
RMR02	127	**Reference Identification** **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Health Care Industry:** *CA-DHS: Invoice number*	C	AN	1/30	Required
RMR03	482	**Payment Action Code** **Description:** Code specifying the accounts receivable open item(s), if any, to be included in the cash application. **Health Care Industry:** *CA-DHS: Not used. This is required when the sender needs to indicate to the receiver how to apply payment. For HIPAA Health Premium Payments this element is NOT USED.* **Code** / **Name** PA Payment in Advance PI Pay Item PO Payment on Account PP Partial Payment	O	ID	2/2	Situational

RMR04	782	**Monetary Amount** **Description:** Monetary amount **Health Care Industry:** *Detail Premium Payment Amount* *CA-DHS: Payment Amount* *The amount being paid on this remittance item.*	O	R	1/18	Required
RMR05	782	**Monetary Amount** **Description:** Monetary amount **Health Care Industry:** *Billed Premium Amount* *CA-DHS: Invoice Amount, if different from Payment Amount* *This is required when the Insurer sent an Invoice and the paid amount is different than the amount invoiced.*	O	R	1/18	Situational

Syntax Rules:

1. P0102 - If either RMR01 or RMR02 is present, then the other is required.
2. P0708 - If either RMR07 or RMR08 is present, then the other is required.

Semantics:

1. If RMR03 is present, it specifies how the cash is to be applied.
2. RMR04 is the amount paid.
3. RMR05 is the amount of invoice (including charges, less allowance) before terms discount (if discount is applicable) or debit amount or credit amount of referenced items.
4. RMR06 is the amount of discount taken.
5. RMR08, if present, represents an interest penalty payment, amount late interest paid, or amount anticipation.

Comments:

1. Parties using this segment should agree on the content of RMR01 and RMR02 prior to initiating communication.
2. If RMR03 is not present, this is a payment for an open item. If paying an open item, RMR02 must be present. If not paying a specific open item, RMR04 must be present.
3. RMR05 may be needed by some payees to distinguish between duplicate reference numbers.

Notes:

1. Used to provide detailed remittance information related to summary bill payment.

Example:

*RMR*IK*123456789*PI*250.00~*

IT1 Summary Line Item

Pos: 190	Max: 1
Detail - Optional	
Loop: 2310A	Elements: 1

User Option (Usage): Situational

To specify the basic and most frequently used line item data for the invoice and related transactions

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
IT101	350	**Assigned Identification** **Description:** Alphanumeric characters assigned for differentiation within a transaction set **Health Care Industry:** *Line Item Control Number* *CA-DHS: "1"* *Assigned for uniqueness, suggest "1" be used.*	O	AN	1/20	Required

Syntax Rules:

1. P020304 - If either IT102, IT103 or IT104 are present, then the others are required.
2. P0607 - If either IT106 or IT107 is present, then the other is required.
3. P0809 - If either IT108 or IT109 is present, then the other is required.
4. P1011 - If either IT110 or IT111 is present, then the other is required.
5. P1213 - If either IT112 or IT113 is present, then the other is required.
6. P1415 - If either IT114 or IT115 is present, then the other is required.
7. P1617 - If either IT116 or IT117 is present, then the other is required.
8. P1819 - If either IT118 or IT119 is present, then the other is required.
9. P2021 - If either IT120 or IT121 is present, then the other is required.
10. P2223 - If either IT122 or IT123 is present, then the other is required.
11. P2425 - If either IT124 or IT125 is present, then the other is required.

Semantics:

1. IT101 is the purchase order line item identification.

Comments:

1. Element 235/234 combinations should be interpreted to include products and/or services. See the Data Dictionary for a complete list of IDs.
2. IT106 through IT125 provide for ten different product/service IDs for each item. For example: Case, Color, Drawing No., U.P.C. No., ISBN No., Model No., or SKU.

Notes:

1. Used to provide optional member counts under a summary RMR item. The member count will be transmitted in the SLN segment to follow.
2. For HIPAA Health Premium Payments this segment is REQUIRED.

Example:

*IT1*1~*

SLN Member Count

Pos: 204	Max: 1
Detail - Optional	
Loop: 2315A	Elements: 4

User Option (Usage): Situational

To specify product subline detail item data

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SLN01	350	**Assigned Identification** **Description:** Alphanumeric characters assigned for differentiation within a transaction set **Health Care Industry:** *Line Item Control Number* *CA-DHS: "1"* *Assigned for uniqueness, suggest "1" be used.*	M	AN	1/20	Required
SLN03	662	**Relationship Code** **Description:** Code indicating the relationship between entities **Health Care Industry:** *Information Only Indicator* *CA-DHS: "O" - Information Only* **Code** **Name** O Information Only	M	ID	1/1	Required
SLN04	380	**Quantity** **Description:** Numeric value of quantity **Health Care Industry:** *Head Count* *CA-DHS: "1" (we don't have access to the number of members in a health plan)* *This is the number of contract holders with the type of coverage identified in SLN05-1.*	C	R	1/15	Required
SLN05	C001	**Composite Unit of Measure** **Description:** To identify a composite unit of measure	C	Comp		Required
	355	**Unit or Basis for Measurement Code** **Description:** Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken **Health Care Industry:** *CA-DHS: "IE" - Person*	M	ID	2/2	Required

Code	Name
10	Group
	Used to identify that the value in SLN04 represents the number of contract holders with Family coverage.
IE	Person
	Used to identify that the value of SLN04 represents the number of contract holders with Individual coverage.
PR	Pair
	Used to identify that the value in SLN04 represents the number of contract holders with Self and Spouse Only coverage.

Syntax Rules:

1. P0405 - If either SLN04 or SLN05 is present, then the other is required.
2. C0706 - If SLN07 is present, then SLN06 is required.
3. C0806 - If SLN08 is present, then SLN06 is required.
4. P0910 - If either SLN09 or SLN10 is present, then the other is required.
5. P1112 - If either SLN11 or SLN12 is present, then the other is required.
6. P1314 - If either SLN13 or SLN14 is present, then the other is required.
7. P1516 - If either SLN15 or SLN16 is present, then the other is required.
8. P1718 - If either SLN17 or SLN18 is present, then the other is required.
9. P1920 - If either SLN19 or SLN20 is present, then the other is required.
10. P2122 - If either SLN21 or SLN22 is present, then the other is required.
11. P2324 - If either SLN23 or SLN24 is present, then the other is required.
12. P2526 - If either SLN25 or SLN26 is present, then the other is required.
13. P2728 - If either SLN27 or SLN28 is present, then the other is required.

Semantics:

1. SLN01 is the identifying number for the subline item.
2. SLN02 is the identifying number for the subline level. The subline level is analogous to the level code used in a bill of materials.
3. SLN03 is the configuration code indicating the relationship of the subline item to the baseline item.
4. SLN08 is a code indicating the relationship of the price or amount to the associated segment.

Comments:

1. See the Data Element Dictionary for a complete list of IDs.
2. SLN01 is related to (but not necessarily equivalent to) the baseline item number. Example: 1.1 or 1A might be used as a subline number to relate to baseline number 1.
3. SLN09 through SLN28 provide for ten different product/service IDs for each item. For example: Case, Color, Drawing No., U.P.C. No., ISBN No., Model No., or SKU.

Notes:

1. Used to provide optional member counts under a summary RMR/IT1 item. The member count is the total number of members/insured represented in the summary line item payment (RMR).
2. This segment is used multiple times within each RMR loop to identify the various contract types and the number of contract holders. The contract holder is the employee or individual whose signature is on the enrollment documentation.
3. For HIPAA Health Premium Payments one occurrence of this segment is REQUIRED.

Example:

*SLN*1**O*150*IE~*

ADX Organization Summary Remittance Level Adjustment

Pos: 210 **Max: 1**
Detail - Optional
Loop: 2320A **Elements: 2**

User Option (Usage): Situational

To convey accounts-payable adjustment information for the purpose of cash application, including payer-generated debit/credit memos

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ADX01	782	**Monetary Amount** **Description:** Monetary amount **Health Care Industry:** *Adjustment Amount*	M	R	1/18	Required
ADX02	426	**Adjustment Reason Code** **Description:** Code indicating reason for debit or credit memo or adjustment to invoice, debit or credit memo, or payment	M	ID	2/2	Required

Code	Name
20	Balance Due Declined
52	Credit for Previous Overpayment
53	Remittance for Previous Underpayment
AA	Prepaid Benefit or Advances
H1	Information Forthcoming
	Detailed information related to the adjustment will be provided through a separate mechanism.
H6	Partial Payment Remitted
	Used when the payer does not have sufficient funds to remit the full balance.
IA	Invoice Amount Does Not Match Account Analysis Statement
	Used when the invoice does not match the expectation for number or number/type of members and charges.
J3	Promised Adjustment Not Received
	Used when an adjustment promised by the payee for a previous invoice has not been reflected on the current invoice.

Syntax Rules:

1. P0304 - If either ADX03 or ADX04 is present, then the other is required.

Semantics:

1. ADX01 specifies the amount of the adjustment and must be signed if negative. If negative, it reduces the payment amount; if positive, it increases the payment amount.
2. ADX02 specifies the reason for claiming the adjustment.
3. ADX03 and ADX04 specify the identification of the adjustment.

Notes:

1. This segment is used to provide an adjustment made at a summary level of a payment.
2. This segment is REQUIRED when the paid amount is different from any invoiced amount. The ADX segment must be used as necessary to fulfill the balancing requirements. See section 2.2.4 for additional information.

Example:

*ADX*150*20~*

ENT Individual Remittance

Pos: 010	Max: 1
Detail - Optional	
Loop: 2000B	Elements: 4

User Option (Usage): Situational

To designate the entities which are parties to a transaction and specify a reference meaningful to those entities

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ENT01	554	**Assigned Number** **Description:** Number assigned for differentiation within a transaction set **Health Care Industry:** *Line Item Control Number* *CA-DHS: "1"*	O	N0	1/6	Required
ENT02	98	**Entity Identifier Code** **Description:** Code identifying an organizational entity, a physical location, property or an individual **Health Care Industry:** *CA-DHS: "2J" - Individual* **Code** **Name** 2J Individual	C	ID	2/3	Required
ENT03	66	**Identification Code Qualifier** **Description:** Code designating the system/method of code structure used for Identification Code (67) **Health Care Industry:** *CA-DHS: "EI" - Employee Identification Number.* **Code** **Name** 34 Social Security Number EI Employee Identification Number ZZ Mutually Defined *The value 'ZZ', when used in this data element shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard individual identifier for use in this transaction. This code is required under HIPAA.*	C	ID	1/2	Required
ENT04	67	**Identification Code** **Description:** Code identifying a party or other code **Health Care Industry:** *Receiver's Individual*	C	AN	2/80	Required

Identifier

CA-DHS: Invoice number
This is the identification number of the individual used by the receiver.

Syntax Rules:

1. P020304 - If either ENT02, ENT03 or ENT04 are present, then the others are required.

Comments:

1. This segment allows for the grouping of data by entity/entities at or within a master/masters. A master (e.g., an organization) can be comprised of numerous subgroups (e.g., entities). This master may send grouped data to another master (e.g., an organization) which is comprised of one or more entities. Groupings are as follows:
2. (1) Single/Single: Only ENT01 is necessary, because there is a single entity (the sending master) communicating with a single entity (the receiving master).
3. (3) Multiple/Single: ENT02, ENT03, and ENT04 would be used to identify the entities within the sending master. The receiving master is a single entity, so no other data elements need be used.
4. (4) Multiple/Multiple: ENT02, ENT03, and ENT04 would be used to identify the entities within the sending master.
5. This segment also allows for the transmission of a unique reference number that is meaningful between the entities.

Notes:

1. This segment is used to start Table 2 (Detail Remittance Information), and to provide remittance line items that pertain to an individual enrolled in a group plan. The following N1, RMR and ADX information relays payment information pertaining to this individual.

Example:

*ENT*1*2J*34*030668776~*

NM1 Individual Name

Pos: 020	Max: 1
Detail - Optional	
Loop: 2100B	Elements: 9

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code** **Description:** Code identifying an organizational entity, a physical location, property or an individual **Health Care Industry:** *CA-DHS: "QE" - Policyholder* **Code** / **Name** EY – Employee Name QE – Policyholder	M	ID	2/3	Required
NM102	1065	**Entity Type Qualifier** **Description:** Code qualifying the type of entity **Health Care Industry:** *CA-DHS: "1" - Person* **Code** / **Name** 1 – Person	M	ID	1/1	Required
NM103	1035	**Name Last or Organization Name** **Description:** Individual last name or organizational name **Health Care Industry:** *Individual Last Name* *CA-DHS: Not used.* *This is required when the sender needs to relay the individual's last name.*	O	AN	1/35	Situational
NM104	1036	**Name First** **Description:** Individual first name **Health Care Industry:** *Individual First Name* *CA-DHS: Not used.* *This is required when the sender needs to relay the individual's first name.*	O	AN	1/25	Situational
NM105	1037	**Name Middle** **Description:** Individual middle name or initial **Health Care Industry:** *Individual Middle Name* *CA-DHS: Not used.* *This is required when the sender needs to relay the individual's middle name.*	O	AN	1/25	Situational

NM106	1038	**Name Prefix** **Description:** Prefix to individual name **Health Care Industry:** *Individual Name Prefix* *CA-DHS: Not used.* *This is required when the sender needs to relay the individual's name prefix.*	O	AN	1/10	Situational
NM107	1039	**Name Suffix** **Description:** Suffix to individual name **Health Care Industry:** *Individual Name Suffix* *CA-DHS: Not used.* *This is required when the sender needs to relay the individual's name suffix.*	O	AN	1/10	Situational
NM108	66	**Identification Code Qualifier** **Description:** Code designating the system/method of code structure used for Identification Code (67) **Health Care Industry:** *CA-DHS: Not used.* *This is required when the sender needs to relay a unique identifier that is associated to the individual.* **Code** **Name** N Insured's Unique Identification Number 34 Social Security Number EI Employee Identification Number	C	ID	1/2	Situational
NM109	67	**Identification Code** **Description:** Code identifying a party or other code **Health Care Industry:** *Individual Identifier* *CA-DHS: Not used.*	C	AN	2/80	Situational

Syntax Rules:

1. P0809 - If either NM108 or NM109 is present, then the other is required.
2. C1110 - If NM111 is present, then NM110 is required.

Semantics:

1. NM102 qualifies NM103.

Comments:

1. NM110 and NM111 further define the type of entity in NM101.

Notes:

1. This segment is used to relay the name and identifier of the individual for whom the premium payment is being submitted.

Example:

*NM1*EY*1*SHEPARD*JESSICA****EI*999887777A~*

RMR Individual Premium Remittance Detail

Pos: 150	Max: 1
Detail - Optional	
Loop: 2300B	Elements: 5

User Option (Usage): Situational

To specify the accounts receivable open item(s) to be included in the cash application and to convey the appropriate detail

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
RMR01	128	**Reference Identification Qualifier** **Description:** Code qualifying the Reference Identification **Health Care Industry:** *CA-DHS: "IK" - Invoice Number* **Code** / **Name** 11 Account Number 9J Pension Contract AZ Health Insurance Policy Number *For HIPAA Health Premium Payments this code is REQUIRED when an invoice has not been received from the Health Plan.* B7 Life Insurance Policy Number CT Contract Number ID Insurance Certificate Number IG Insurance Policy Number IK Invoice Number *For HIPAA Health Premium Payments this code is REQUIRED when an invoice has been received from the Health Plan.* KW Certification	C	ID	2/3	Required
RMR02	127	**Reference Identification** **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Health Care Industry:** *Insurance Remittance Reference Number* *CA-DHS: Invoice number*	C	AN	1/30	Required
RMR03	482	**Payment Action Code** **Description:** Code specifying the accounts receivable open item(s), if any, to be included in the cash application. **Health Care Industry:** *CA-DHS: Not used. This is required when the sender needs to inform the receiver how to apply the payment. For HIPAA Health Premium Payments this*	O	ID	2/2	Situational

		segment is NOT USED. **Code** **Name** PI Pay Item PP Partial Payment				
RMR04	782	**Monetary Amount** **Description:** Monetary amount **Health Care Industry:** *Detail Premium Payment Amount* *CA-DHS: Payment Amount* *This is the amount being paid on this remittance item.*	O	R	1/18	Required
RMR05	782	**Monetary Amount** **Description:** Monetary amount **Health Care Industry:** *Billed Premium Amount* *CA-DHS: Invoice Amount* *This is required when the paid amount is different than the amount billed.*	O	R	1/18	Situational

Syntax Rules:

1. P0102 - If either RMR01 or RMR02 is present, then the other is required.
2. P0708 - If either RMR07 or RMR08 is present, then the other is required.

Semantics:

1. If RMR03 is present, it specifies how the cash is to be applied.
2. RMR04 is the amount paid.
3. RMR05 is the amount of invoice (including charges, less allowance) before terms discount (if discount is applicable) or debit amount or credit amount of referenced items.
4. RMR06 is the amount of discount taken.
5. RMR08, if present, represents an interest penalty payment, amount late interest paid, or amount anticipation.

Comments:

1. Parties using this segment should agree on the content of RMR01 and RMR02 prior to initiating communication.
2. If RMR03 is not present, this is a payment for an open item. If paying an open item, RMR02 must be present. If not paying a specific open item, RMR04 must be present.
3. RMR05 may be needed by some payees to distinguish between duplicate reference numbers.

Notes:

1. Used to relay detailed remittance information related to an employee or member of a group plan.
2. For HIPAA Health Premium Payments this segment is REQUIRED.

Example:

*RMR*B7*123456789*PI*250.00~*

DTM Individual Coverage Period

Pos: 180	Max: 1
Detail - Optional	
Loop: 2300B	Elements: 3

User Option (Usage): Situational

To specify pertinent dates and times

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTM01	374	**Date/Time Qualifier** **Description:** Code specifying type of date or time, or both date and time **Health Care Industry:** *Date Time Qualifier* *CA-DHS: "582" - Report Period* **Code** **Name** 582 Report Period	M	ID	3/3	Required
DTM05	1250	**Date Time Period Format Qualifier** **Description:** Code indicating the date format, time format, or date and time format **Health Care Industry:** *CA-DHS: "RD8" - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD* **Code** **Name** RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	C	ID	2/3	Required
DTM06	1251	**Date Time Period** **Description:** Expression of a date, a time, or range of dates, times or dates and times **Health Care Industry:** *Coverage Period* *Start date of the coverage period associated with the payment amount concatenated with the End date of the coverage period associated with the payment amount*	C	AN	1/35	Required

Syntax Rules:

1. R020305 - At least one of DTM02, DTM03 or DTM05 is required.
2. C0403 - If DTM04 is present, then DTM03 is required.
3. P0506 - If either DTM05 or DTM06 is present, then the other is required.

Notes:

1. This segment is used to relay the start and end date of the individual coverage period associated with the premium payment segment in the previous RMR segment.
2. This segment is required when the premium payer is not paying from an invoice but paying on account for a coverage period.

Example:

*DTM*582****RD8*19970101-19970130~*

ADX Individual Premium Adjustment

Pos: 210	Max: 1
Detail - Optional	
Loop: 2320B	Elements: 2

User Option (Usage): Situational

To convey accounts-payable adjustment information for the purpose of cash application, including payer-generated debit/credit memos

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ADX01	782	**Monetary Amount** **Description:** Monetary amount **Health Care Industry:** *Adjustment Amount*	M	R	1/18	Required
ADX02	426	**Adjustment Reason Code** **Description:** Code indicating reason for debit or credit memo or adjustment to invoice, debit or credit memo, or payment	M	ID	2/2	Required

Code	Name
20	Balance Due Declined
	Used when the entire balance due is being disputed.
52	Credit for Previous Overpayment
53	Remittance for Previous Underpayment
AA	Prepaid Benefit or Advances
AX	Person No Longer Employed
	This adjustment should never be used as a substitute for a termination notice using the 834 transaction.
H1	Information Forthcoming
	Detailed information related to the adjustment will be provided through a separate mechanism.
H6	Partial Payment Remitted
	Used when the payer does not have sufficient funds to remit the full balance.
IA	Invoice Amount Does Not Match Account Analysis Statement
	Used when the invoice does not match the expectation for number or number/type of members and charges.
J3	Promised Adjustment Not Received
	Used when an adjustment promised by the payee for a previous invoice has not been reflected on the current invoice.

Syntax Rules:

1. P0304 - If either ADX03 or ADX04 is present, then the other is required.

Semantics:

1. ADX01 specifies the amount of the adjustment and must be signed if negative. If negative, it reduces the

payment amount; if positive, it increases the payment amount.

2. ADX02 specifies the reason for claiming the adjustment.
3. ADX03 and ADX04 specify the identification of the adjustment.

Notes:

1. This segment is used to relay an adjustment made at an individual remittance detail level of a payment.
2. This segment is REQUIRED when the paid amount is different from any invoiced amount. The ADX segment must be used as necessary to fulfill the balancing requirements. See section 2.2.4 for additional information.

Example:

*ADX*150*52~*

SE 820 Trailer

Pos: 010	Max: 1
Summary - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SE01	96	**Number of Included Segments** **Description:** Total number of segments included in a transaction set including ST and SE segments **Health Care Industry:** *Transaction Segment Count*	M	N0	1/10	Required
SE02	329	**Transaction Set Control Number** **Description:** Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set **Health Care Industry:** *CA-DHS: The transaction set control numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. For example, start with the number 0001 and increment from there. This number must be unique within a specific group and interchange, but the number can repeat in other groups and interchanges.*	M	AN	4/9	Required

Comments:

1. SE is the last segment of each transaction set.

Example:

*SE*28*0002~*

GE Functional Group Trailer

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

To indicate the end of a functional group and to provide control information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
GE01	97	**Number of Transaction Sets Included** **Description:** Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element	M	N0	1/6	Required
GE02	28	**Group Control Number** **Description:** Assigned number originated and maintained by the sender **Health Care Industry:** *CA-DHS: Group control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.*	M	N0	1/9	Required

Semantics:

1. The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.

Comments:

1. The use of identical data interchange control numbers in the associated functional group header and trailer is designed to maximize functional group integrity. The control number is the same as that used in the corresponding header.

IEA Interchange Control Trailer

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

To define the end of an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
IEA01	I16	**Number of Included Functional Groups** **Description:** A count of the number of functional groups included in an interchange	M	N0	1/5	Required
IEA02	I12	**Interchange Control Number** **Description:** A control number assigned by the interchange sender **Health Care Industry:** *CA-DHS: The interchange control number IEA02 in this trailer is identical to the same data element in the associated interchange control header, ISA13 (including padded zeros or spaces).*	M	N0	9/9	Required

Example:

*IEA*1*000000905~*